



JUVENILE REHABILITATION ADMINISTRATION (JRA)

**DIAGNOSTIC/PLACEMENT
RECORD OF OFFICIAL ACTION**

DATE

YOUTH'S NAME

JRA NUMBER

COMMITMENT DATE

COURT ORDER NUMBER

SECURITY LEVEL

DETENTION CREDIT

SENTENCING INFORMATION:

PLACEMENT:

BASIC TRAINING CAMP (BTC) ELIGIBILITY:

- ☐ Youth has not been committed for a Violent or Sex offense
- ☐ Youth has an aggregate minimum sentence of less than 65 weeks
- ☐ Youth has at least 31 weeks remaining until maximum sentence at the time of admittance to the BTC.
- ☐ Youth has not been assessed as a "High Risk" on the Initial Security Classification Assessment (ISCA)
- ☐ Youth does not meet the eligibility for BTC due to:

CHEMICAL DEPENDENCY DISPOSITION ALTERNATIVE:

COMMUNITY NOTIFICATION REQUIREMENTS:

Diagnostic/Placement Record of Official Action

CUSTODY/MANAGEMENT/SUPERVISION:

COMMUNITY TRANSITION PLAN:

- ☐ Youth will release to probation.
Probation Officer _____ Telephone: _____
Parole Counselor _____ Telephone: _____
- ☐ Youth will release to adult custody (DOC or jail)
Facility or Contact Person: _____ Telephone: _____
- ☐ Youth will release to dual supervision. (Sex Offenders and Intensive Parole Only)
- ☐ Youth will be discharged.
- ☐ Youth has open Interstate case.
- ☐ Youth has open Immigration and Naturalization Service (INS) case.
INS Agent _____ Telephone: _____

Intended placement: _____

MEDICAL NOTIFICATION:

YOUTH COMPETENCY SCREEN:

| | | | |
|------------------------|------|-----------------------------------|----------------|
| DIAGNOSTIC COORDINATOR | DATE | TELEPHONE NUMBER (WITH AREA CODE) | E-MAIL ADDRESS |
| REVIEWED BY: | | DATE | |